COMMUNITY HOLIDAY COALITION 2009

Application Deadlines:
October 23rd for Thanksgiving
November 13th for Christmas



<i>Re</i> Reviewed by	eferral Sourc y:	e Only
Agency:		
Approved:	Yes \square	No 🗆

	Required from the appli	ımber:		Phone:		
ddress:						
Street			City		ZIP	
You	u must complete the entire appl	ication. Incomple members living w		ns will be denied.		
Last Name	First Name	Sex	Age	Disabled (Y/N)	Relationship	
					SELF	
					_	
			<u> </u>			
I wish to be	e considered for: \Box			al care/household i ifts for children & e		
ou are eligible to receive holiday assistance from only ONE reganization each year. Other organizations will be contacted to void duplication. Please initial that you understand:			CHILDREN ARE NOT ALLOWED AT THE STORE Please initial that you understand:			
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Completion of this form does not mean you will receive gifts and/or food from the Coalition.

Return application to:

Loudoun County Department of Family Services 102 Heritage Way, NE, Suite 103 Leesburg, VA 20176